

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		2		/			53						
4		①		/			54						
5		①		/			55						
6		①		/			56						
7		①		/			57						
8		①		/			58						
9		①		/			59						
10		①		/			60						
11		①		/			61						
12		①		/			62						
13		①		/			63						
14		①		/			64						
15		①		/			65						
16		①		/			66						
17		①		/			67						
18		①		/			68						
19		①		/			69						
20		①		/			70						
21		①		/			71						
22							72						
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24							74						
25							75						
26							76						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			1				TOTAL IND.						
TOTAL DEP.			20				TOTAL DEP.						
			21				TOTAL						

*MAY BE USED FOR ADD